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PATENT  
Docket No. P1553

IN THE  
UNITED STATES PATENT AND TRADEMARK OFFICE



APPLICANT: LAWRENCE KATES

SERIAL NO.: 10/718,374 EXAMINER: TO BE ASSIGNED

FILED: NOVEMBER 19, 2003 ART UNIT: 2838

FOR: REPEATER UNIT

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TRANSMITTAL LETTER

Dear Sir:

In connection with the above-referenced patent application, transmitted herewith are the following::

1. Revocation of Power of Attorney form PTO/SB/82 (1 page); and
2. Post card in acknowledgment of receipt of all transmitted material.

Please date-stamp the enclosed post card and return same to the undersigned in acknowledgment of receipt of all transmitted materials.

Respectfully submitted,



F. David LaRiviere  
Reg. No. 27,207

FDL/rm

July 29, 2004

LARIVIERE, GRUBMAN & PAYNE, LLP

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PTO/SB/82 (09-03)

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ATTORNEY WITH  
NEW POWER OF ATTORNEY  
AND  
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/718,374
Filing Date	November 19, 2003
First Named Inventor	Lawrence Kates
Art Unit	2838
Examiner Name	To be assigned
Attorney Docket Number	P1553

I hereby revoke all previous powers of attorney given in the above-identified application.

A Power of Attorney is submitted herewith.

**OR**

I hereby appoint the practitioners associated with the Customer Number:

Please change the correspondence address for the above-identified application to:

The address associated with  
Customer Number:

**OR**

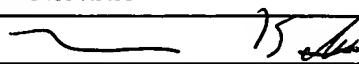
<input checked="" type="checkbox"/> Firm or Individual Name	Lawrence Kates				
Address					
Address	1111 Bayside Drive, Suite 111				
City	Corona del Mar	State	CA	Zip	92625
Country	USA				
Telephone	(949) 219-2000	Fax	(949) 219-9908		

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.  
*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)*

**SIGNATURE of Applicant or Assignee of Record**

Name	Lawrence Kates		
Signature			
Date	July 27, 2004	Telephone	(949) 219-2000

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

\*Total of \_\_\_\_\_ forms are submitted.

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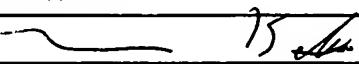
**OR**

<input checked="" type="checkbox"/> Firm or Individual Name	Lawrence Kates			
Address				
Address	1111 Bayside Drive, Suite 111			
City	Corona del Mar	State	CA	Zip 92625
Country	USA			
Telephone	(949) 219-2000	Fax	(949) 219-9908	

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